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Typed or Printed Name	Susan M. Alessi		
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INFORMATION DISCLOSURE STATEMENT Address to: Commissioner for Patents Washington, D.C. 20231	Attorney Docket	KINE-001CIP5	
	First Named Inventor	DEDHAR, SHOUKAT	
	Application Number	09/998,250	
	Confirmation No.	5685	
	Filing Date	November 30, 2001	
	Group Art Unit	1633	
	Examiner Name	Unassigned	
	Title:	"TREATMENT OF INFLAMMATORY DISEASES INCLUDING PSORIASIS"	

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Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-SB/08A listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

All of the references identified herein were disclosed in parent application serial number 09/390,425, filed 9/3/99 and as such, copies thereof are not included pursuant to the provisions of 37 CFR § 1.98(d).

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. § 102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815, Order No. KINE-001CIP5 may be charged thereon.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: March 20, 2002

By:
Pamela J. Sherwood
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NO REFERENCES INCLUDED ON IDS

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/998,250
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Total Number of Pages in This Submission	4	
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Receipt Postcard
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Signature		Date March 20, 2002

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